



**CITY OF MEMPHIS LIFE INSURANCE
BENEFICIARY FORM
(Please check all that apply)**



Death Benefit



Contributory Life



Voluntary Life

SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	SEX
		<small>EMPLOYEE NAME</small>		<small>DATE OF BIRTH</small>	<small>DATE OF HIRE</small>		

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

*If a beneficiary is a minor, or if the benefit is payable to the estate, it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Contributory Life Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Voluntary Life Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Final Pay Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Note: If you wish to designate additional primary beneficiaries or designate contingent beneficiaries, please attach a separate sheet of paper and include your name, social security number and your date of birth.. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for City of Memphis Life Insurance Polic(ies) and Final Pay Benefit.

SIGNATURE

DATE

TIME

SIGNATURE OF BENEFITS REPRESENTATIVE

DATE